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FILED APR 12 1940MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10044

Do not use this space.

1. PLACE OF DEATH

(a) County Subsarin Registration District No. 26
(b) Township _____ Primary Registration District No. 3002 Registered No. 36
(c) City Mexico Mo. (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. / 8 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 450 Mrs. Bettadach Syler St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. L. Syler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 - 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
76 3 19
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
13. NAME Samford Pigg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME Margaret Jordan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. INFORMANT (ADDRESS) Mrs. David McFarr
509 Madison St. Mexico Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Poubelia Mo. DATE March 26 1940
19. FUNERAL DIRECTOR (ADDRESS) McPherson Bros.
Mexico Mo.
20. FILED March 25 1940 Blanche Neely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 194022. I HEREBY CERTIFY, That I attended deceased from March 6 1940 to March 24 1940

I last saw her alive on March 24 1940 Death is said to have occurred on the date stated above, at 7:00 P.M.
The principal cause of death and related causes of importance were as follows:

(1) Intestinal obstruction Date of onset
(2) Intestinal adhesions

Other contributory causes of importance:

Sternum abdominal
(Post-operative)
Hypertrophic Osteoarthritis
Name of operation Caesarian Date of 3/9/40
What test confirmed diagnosis? Findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ✓, 19____
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) McBrashear M. D.
(Address) Mexico Mo.

RECEIVED

District Health Officer No. 10

District File Number 4-40-726

Date Filed APR 9 1940

STATEMENT BY LICENSED EMBALMER

I, Roy McPherson

Licensed Embalmer No. 1133

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by

Registered Apprentice No.

working under my personal supervision.

Signed

Roy McPherson

Licensed Embalmer No. 1133

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)